

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-18-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99242 and 95935-26-27, 95900-26-27 and 95904-26-27.

II. FINDINGS

The respondent denied reimbursement based upon “K – Not appropriate HCP.”

The Texas Board of Chiropractic Examiners wrote that nerve conduction studies were part of the scope of practice of a licensed DC in Texas. Therefore, provider was within scope of practice and was appropriate healthcare provider.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-28-02	99242	\$95.00	\$0.00	K	\$90.00	Evaluation & Management GR (IX)	A consultation report supported billed service, reimbursement is recommended of \$90.00.
	95935-26-27 (X4)	\$212.00	\$0.00		\$53.00/ extremity	Modifier -26 Medicine GR (IV)(B)	The claimant's symptomatology was neck pain at C3 to C7 par spinal musculature bilaterally...performed on the left and the right side for comparative interpretation. Per Medicine GR (IV)(B)(2)(b), reimbursement for testing on left upper extremity is supported. According to MFG, F-wave reimbursement is allowed for affected extremity. Reimbursement of \$53.00 is recommended.
	95900-26-27 (X4)	\$256.00	\$0.00		\$64.00/ nerve	Medicine GR (IV)	NCV report supports testing of Median and Ulnar nerves. Reimbursement of \$64.00 X 4 = \$256.00 is recommended.
	95904-26-27 (X6)	\$384.00	\$0.00		\$64.00 / nerve	Medicine GR (IV)	NCV report supports testing of Median, Ulnar and Radial nerves. Reimbursement of 6 X \$64.00 = \$384.00 is recommended
TOTAL							The requestor is entitled to reimbursement of \$783.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (99242, 95935-26-27, 95900-26-27 and 95904-26-27) in the amount of **\$783.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$783.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division